## PART B - FEE(S) TRANSMITTAL

plete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Pate

SEP 1 1 2006

Authorized Signature

Typed or printed name \_ L\

∄ames Ristas

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block i for any change of address)   |   |  |  | Fee(s) Transmittal. The papers. Each addition   | f mailing can only be used f<br>nis certificate cannot be used<br>al paper, such as an assignm<br>the of mailing or transmission. | for any other accompanying<br>ent or formal drawing, must     |
|--|---|--|--|---|---|---|
| 002543 75  | 590 06/09/2006  |  |  |   | rtificate of Mailing or Tran  |   |
| ALIX YALE & I<br>750 MAIN STREE<br>SUITE 1400  | ĒΤ  |  |  | I hereby certify that t<br>States Postal Service<br>addressed to the Ma   | his Fee(s) Transmittal is bein<br>with sufficient postage for fir<br>il Stop ISSUE FEE address<br>PTO (571) 273-2885, on the      | ng deposited with the United<br>rst class mail in an envelope |
| HARTFORD CT (<br>12/2006 EAREGAY2 000  | 06103<br>00006 10736041   |  |  | L. James  | Ristas )  | (Depositor's name)  |
| FC:1501<br>FC:1504   | 1400.00 OP<br>300.00 OP   |  |  | September   | 7, 2006   | (Signature)   |
| APPLICATION NO.  | FILING DATE   | F  | FIRST NAMED INV  | ENTOR   | ATTORNEY DOCKET NO.   | CONFIRMATION NO.  |
| 10/736,041   | 10/736.041 12/15/2003   |  | Manfred Albrecht   |   | KOL/214/US  | 4013  |
| TLE OF INVENTION: B  | OOK PRESSING MACHINE  |  |  |   |   |   |
|  |   |  |  |   |   |   |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE FE   | E  | PUBLICATION FEE   | TOTAL FEE(S) DUE  | DATE DUE  |
| nonprovisional   | NO NO   | \$1400   |  | \$300   | <u> </u>  | 09/11/2006  |
| EXAMINER   |   | ART UNIT   |  | CLASS-SUBCLASS  | 1   | <i>57, 1.7,</i> <b>20</b> 5                                   |
| GATES, ERIC ANDREW   |   | 3722   |  | 412-022000  | J   |   |
| <u> </u>   | e address or indication of "Fee   |  | 2. For printing o  | n the patent front page, l  | ist Alin  | Vala 0 Diata  |
| FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |   |  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  |   |   |   |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |   |  | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |   |   |
| "Fee Address" indicate PTO/SB/47; Rev 03-02  | or more recent) attached. Use   |  |  |   |   |   |
| "Fee Address" indicat<br>PTO/SB/47; Rev 03-02<br>Number is required.   | O RESIDENCE DATA TO BE  | PRINTED ON T   | HE PATENT (prin  | t or type)  |   |   |
| "Fee Address" indicat<br>PTO/SB/47; Rev 03-02<br>Number is required.   |   |  | <b>\</b> *   | •• •  | nee is identified below, the c  | document has been filed for                                   |
| "Fee Address" indicat<br>PTO/SB/47; Rev 03-02<br>Number is required.   | D RESIDENCE DATA TO BE<br>s an assignce is identified belon 37 CFR 3.11. Completion of  | ow, no assignee d<br>f this form is NOT  | lata will appear or<br>a substitute for fil  | •• •  |   | document has been filed for                                   |
| "Fee Address" indicated PTO/SB/47; Rev 03-02 Number is required.  "ISSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in   | D RESIDENCE DATA TO BE<br>s an assignce is identified belon<br>37 CFR 3.11. Completion of   | ow, no assignee d<br>f this form is NOT  | lata will appear or<br>a substitute for fil<br>(B) RESIDENCE:  | the patent. If an assigning an assignment.  |   | document has been filed for                                   |
| "Fee Address" indical PTO/SB/47; Rev 03-02 (Number is required.  "SSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  Kolbus GmbH   | D RESIDENCE DATA TO BE<br>s an assignce is identified belon<br>37 CFR 3.11. Completion of   | ow, no assignee d<br>this form is NOT  | lata will appear or<br>a substitute for fil<br>(B) RESIDENCE:<br>Rahden  | the patent. If an assigning an assignment. (CITY and STATE OR) Germany  | COUNTRY)  |   |
| "Fee Address" indical PTO/SB/47; Rev 03-02 (Number is required.  "ISSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Kolbus Gmbbease check the appropriate.  The following fee(s) are  | D RESIDENCE DATA TO BE s an assignee is identified bele n 37 CFR 3.11. Completion of IEE H & Co. KG e assignee category or categori   | ow, no assignee defithis form is NOT  es (will not be pringle)   | lata will appear or a substitute for file (B) RESIDENCE: Rahden Inted on the patent) Payment of Fee(s)   | the patent. If an assigning an assignment.  (CITY and STATE OR Germany  : Individual C  | COUNTRY) orporation or other private gr   |   |
| "Fee Address" indical PTO/SB/47; Rev 03-02 (Number is required.  "SSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Kolbus GmbF case check the appropriate the following fee(s) are issue Fee  | D RESIDENCE DATA TO BE s an assignee is identified belon 37 CFR 3.11. Completion of IEE H & Co. KG e assignee category or categori enclosed:                                  | ow, no assignee de this form is NOT es (will not be pringle)   | lata will appear or a substitute for file (B) RESIDENCE: Rahden Inted on the patent) Payment of Fee(s) A check in the  | the patent. If an assigning an assignment.  (CITY and STATE OR Germany  : Individual Common of the fee(s) is en                         | orporation or other private gracelosed.   |   |
| "Fee Address" indical PTO/SB/47; Rev 03-02 (Number is required.  "SSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Kolbus Gmbbers check the appropriate asse check the appropriate The following fee(s) are Issue Fee In Publication Fee (No s          | D RESIDENCE DATA TO BE s an assignce is identified belon 37 CFR 3.11. Completion of IEE H & Co. KG e assignce category or categoric enclosed: small entity discount permitted | ow, no assignee defithis form is NOT  es (will not be printed to the second to the sec | lata will appear or a substitute for file (B) RESIDENCE: Rahden Inted on the patent) Payment of Fee(s) A check in the Payment by cree  | the patent. If an assigning an assignment.  (CITY and STATE OR Germany  : Individual Common of the fee(s) is ended to ard. Form PTO-203 | orporation or other private gracelosed.  8 is attached.   | roup entity Government  |
| "Fee Address" indical PTO/SB/47; Rev 03-02 (Number is required.  "SSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  Kolbus Gmbbase check the appropriate asse check the appropriate lissue Fee  Sign Publication Fee (No solution) Advance Order - # of | D RESIDENCE DATA TO BE s an assignee is identified belon 37 CFR 3.11. Completion of IEE H & Co. KG e assignee category or categori enclosed:                                  | ow, no assignee defithis form is NOT  es (will not be printed to the second to the sec | lata will appear or a substitute for file (B) RESIDENCE: Rahden Inted on the patent) Payment of Fee(s) A check in the Payment by cre The Director is   | the patent. If an assigning an assignment.  (CITY and STATE OR Germany  : Individual Common of the fee(s) is ended to ard. Form PTO-203 | country) orporation or other private gr nclosed. 8 is attached. arge the required fee(s), or cre                                  | roup entity Government  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date September 7, 2006

Registration No.

28,663

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.